

# PLACER COUNTY CSS PLAN REVIEW

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Hector E. Mendez, LCSW  
Mark LeBeau  
Kay Tucker

## WELLNESS-RECOVERY-RESILIENCE: INDICATORS FOR TRANSFORMATION

### Limited Vision:

The Placer Plan demonstrates a great deal of effort in assuring that all aspects of the MHSA Planning process were covered. In fact, special efforts were made to hire a well qualified consultant who was able to bring together all the parties necessary to receive and take into account pertinent input, suggestions and comments, including folks with disabilities. These activities were all carried out systematically. The plan format was very well developed but *failed to demonstrate an overall vision* regarding system transformation toward wellness. The plan failed to demonstrate a specific direction in which transformation and service integration would change the culture and interactions of staff and clients. The plan was more a set of strategies with quantifiable outcomes, while qualitative outcomes affecting the focus populations were not present.

### Lake Tahoe Challenge:

The challenge of reaching out to various populations was clearly described particularly the Spanish speaking populations of the Kings Beach, north shore Lake Tahoe, area who are mostly monolingual. Specific plans to address clinical needs and service strategies to this population were not proposed nor described except by “contracting a bilingual position.” This approach does not demonstrate what specific activities and outcomes were to be accomplished toward a central goal. Due to the geographic isolation of the area, Placer County has not been able to overcome this barrier. The solution proposed in this plan is not acceptable.

### Business as Usual:

System transformation through co-occurring, resiliency/recovery, cultural competency and family/client-driven systems is also proposed by hiring a “Client Service Assistant II”, which appears to be a case management position, and two “Client Occupational Trainees”(p.128).

### Parents as Members of the Service Team:

The hiring of Parent Support/Advocates is a good idea. The plan demonstrates only superficially the actual role as equal member of a team. The plan describes them as the “conscience” of the staff, this attitude places “hired Parent Support/Advocates” outside the team. As hired members of the team they must be accountable like all members. Their expertise should be a complementary force for the team and not a unique and separate force.

#### One Model Fits All:

The plan focused on an established Wraparound service model and is an expansion of an already existing service approach that demonstrates no vision toward a new way of doing business that could involve the dynamic participation of new partners as central players particularly when working with Native American, Latinos or people with disabilities. In fact Wraparound as a service model is used in all the populations considered in this plan.

#### New Program Ideas:

Placing parents in school settings and creating a Welcome Center are good ideas, but their description is absolutely insufficient and provides no vision as to how these efforts are going to make significant changes. These two models failed to include a strong set of activities to educate the community about mental illness and in this way help the cause of overcoming stigma.

### COLLABORATION

#### Reaching Out:

Placer County made a great effort in reaching out to a broader sector of the population reaching folks with a well thought out plan to specific groups, including folks with disabilities and poverty and isolated communities. Strategies that include orientation and didactic gatherings to educate the community with respect to the intents of the Mental Health Act were an excellent and effective as demonstrated by the content of their input.

#### Minority Participation in the Planning Process:

The plan did an outstanding job in collecting demographic data to assisting Placer County clarify which populations were underserved or not served at all. On page 12, for instance, the plan provides a chart that describes the participation of Whites, Latinos, American Indians but, considered African Americans and Asian/Pacific Islanders as “others.” I believe this is an oversight that needs to be corrected; particularly in view of the fact that “cultural competency” is a central factor in serving clients and their families regardless of their ethnicity, sexual preference or race.

The presence of at least one member representing the Native American community in the “Steering Committee” is excellent. Historically this special population has been the victim of massive genocide; therefore they must be treated with unique and special sensitivity. The size of this group should never be a factor for not addressing their mental health needs.

In general the participation of Latinos in the actual activities of the MHSA planning was minimal in the workgroups and in the Info & Feedback Groups (p.12), particularly when the plan identifies this population as critically underserved or not served at all.

#### Partnership:

The plan does not describe significant partners in terms of their ongoing commitment to the plan. However, the plan demonstrates the willingness of Law Enforcement and the

Courts to provide input with no specific commitment to share revenues. It was very clear that Social Service, Public Health and School District representation were absent in the planning process. Most seriously, the roles of partners in the implementation and evaluation of the plan was not included in this plan.

#### County at the Center of the MHSA:

In summary, the Placer Plan is a county centered plan with minimal delegation to private community resources. In fact, the proposed budget is not clear as to how the allocated funds will be used for community support or a statement as to how the County plans to leverage MHSA funds with other sources besides Medi-Cal.

## **EDUCATION AND TRAINING AND WORKFORCE DEVELOPMENT**

### Limited Training

The plan is *extremely weak* with respect to Education and Training. Reference to any kind of actual personnel training is directed to gain specific skills only. No training reference is made toward system transformation and a possible new direction to work in partnership and collaboration *with* families, clients or with potential ethnic oriented community resources.

### No serious One Time Training Plan:

Cultural competency *training is vaguely* included in this plan; however the plan fails to be more inclusive of existing community resources. These are mentioned only superficially but no alliances or collaborations are offered. Very brief and vague reference to training to increase expertise with Older Adults (p.91) was mentioned. There is no evidence of a one time serious training effort of any kind in this plan.

## **CONSUMER AND FAMILY INVOLVEMENT**

### Passive Consumer/Family Involvement:

The plan is *disorganized and inconsistent* in the manner it proposes to work and involve consumers and families. With respect to children it proposes to hire Parent Support/Advocates but they are described as an add-on to the team rather than as equal members. With respect to Transition Age Youth, TAY *youth are served* but are not the central force that will determine their very own plans toward a more independent and productive lives. Wraparound service model offers nothing different. This is a model that *does for people rather than with people*. The use of this service approach is an expansion of an old prescription. No risks in serving particularly TAY was described nor considered.

### Input Without Follow Up:

The use of internet, media and the translation of flyers were well planned. However, a final Executive Summary was not translated into key languages, leaving a great number of non-English speaking residents disconnected from the final product. This is indicative that Placer County folks who participated in the planning effort were not considered in the review of the final product and could be feeling used rather than as an important

partner in the process of the MHSA implementation. In fact, the Public Hearings of local Mental Health Board were widely advertised via internet and other media but inferred that all publicity was done only in English.

Business as Usual:

There is no evidence in the plan that clients, families and partners will be part of an ongoing effort of implementation and evaluation of the proposed plan.. The County plan as presented gives the impression that the workgroups and the Steering Committee have completed their tasks and have no longer any responsibility or role in the future of mental health services as defined in the MHSA.

Submitted by  
Hector E. Mendez, LCSW  
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